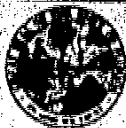


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P28980

(1)

1. Corporation Name

FUJISAWA USA, INC.

Principal Place of Business

**PARKWAY NORTH CENTER
3 PARKWAY NORTH
DEERFIELD IL 60015**

Mailing Address

**PARKWAY NORTH CENTER
3 PARKWAY NORTH
DEERFIELD IL 60015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

52-1645100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CCD
AOKI, HATSUO
3 PARKWAY NORTH
DEERFIELD IL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BRAUN, MICHAEL
885 3RD AVENUE
NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PERICOLA, JULIUS
45 DOVE PLUM ROAD
VERO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
SCHMIDT, GARY P
3 PARKWAY NORTH
DEERFIELD IL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'NEIL, DONALD
3 PARKWAY NORTH
DEERFIELD IL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
IIDA, MICHIO
2-4-5-604 SENBA-NISHI
OSAKA, JAPAN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition sheet with an address.

SIGNATURE:

GARY P. SCHMIDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FUJISAWA USA, INC.

GARY P. SCHMIDT
SECRETARY

4/17/95 **(904) 317-8800**
Date Telephone Number